

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation
& Licensing Administration



ASSISTED LIVING RESIDENCE INSURANCE VERIFICATION REQUEST FORM

D.C. Act 13-297, ALR Regulation Act of 2000, Title XI states that Assisted Living Residence combines housing, health and personalized assistance per the individually developed service plan for support and individuals aged eighteen (18) years or older, who are not related by blood or marriage to the administrator who are ambulatory and able to perform the activities of daily living and instrumental activities of daily living with minimum assistance shall carry sufficient insurance to cover hazards (fire and extended coverage) and legal risk or liability.

I, _____
Signature of Residence Director Number Street Suite/Apt City Zip

On this date _____ authorize the release and verification of the requested information regarding my insurance policies.

The maximum capacity of residents in my household is: _____

Insurance Company: _____

Address: _____

Please verify that the above-named operator has a current fire and/or liability insurance policy (policies) with your company that provides coverage for non-related residents who pay for their care.

FIRE INSURANCE

Hazards (fire and extended coverage) in the amount of \$500 per resident to protect belongings with a minimum of \$2,000 of coverage per facility.

Amount \$ _____ Policy Number _____ Expiration Date _____

LIABILITY INSURANCE

(1) Premises personal injury and products \$ _____ Incidental malpractice coverage \$ _____

Policy Number _____ Expiration Date _____

Signature _____ Date _____

Return Completed Insurance Verification Form to the address below.

ATTENTION: **Louis Woodard**
 Supervisory Social Worker
 Department of Health-HRLA
 825 North Capitol Street N.E., 2nd Floor
 Washington, D.C. 20002
 (202) 442-5888 main * (202) 442-9430 fax